

DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR USING PET MEASURED METABOLISM
TO DETERMINE COGNITIVE IMPAIRMENT**

the specification of which:

- ☒ is attached hereto.
☐ was filed on _____ as application Serial No. _____;
☐ was filed as PCT International Application No. _____ on _____, 20__ and as amended under PCT Article 19 and/or PCT Article 34 before the International Preliminary Examining Authority.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent of inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day, Month, Year)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day, Month, Year)	

I hereby claim provisional application priority benefits under 35 U.S.C. §119(e) of any provisional application(s) filed under 35 U.S.C. §119(b) listed below:

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Day, Month, Year)	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Day, Month, Year)	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Day, Month, Year)	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the

first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: issued, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: issued, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: issued, pending, abandoned)

I hereby appoint Mark R. Wisner, Registration No. 30,603, and Malcolm H. Skolnick, Registration No. 33,788, all members of the firm of Wisner & Associates, 1177 West Loop South, Suite 400, Houston, Texas 77027, as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby direct that all correspondence and telephone calls be addressed to Mark R. Wisner, c/o Wisner & Associates, 1177 West Loop South, Suite 400, Houston, Texas 77027, Telephone: (713) 785-0555, Facsimile: (713) 785-0561.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize that validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR: James C. PATTERSON II

SOLE INVENTOR'S SIGNATURE: _____

RESIDENCE ADDRESS: _____

POST OFFICE ADDRESS: c/o Biomedical Research Foundation of Northwest Louisiana
P. O. Box 38050
Shreveport, LA 71133-8050

CITIZENSHIP: United States of America

DATE: _____, 2004

ADDITIONAL JOINT INVENTOR(S) LISTED ON ATTACHED SHEET? ☐ Yes ☒ No